



# STATE OF CONNECTICUT

## DEPARTMENT OF TRANSPORTATION



2800 BERLIN TURNPIKE, P.O. BOX 317546  
NEWINGTON, CONNECTICUT 06131-7546  
Phone:

### CERTIFICATION (EXHIBIT 1)

Small Contractor (SC) or  
Small Contractor Minority Business Enterprise (SCMBE)  
as Subcontractors for State Funded Projects

Project Description & Number \_\_\_\_\_

#### PRIME CONSULTANT

Firm Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State: \_\_\_\_\_

#### SC/SCMBE CONSULTANT

Firm Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State: \_\_\_\_\_

The following is a description of the project function the above SC or SCMBE will perform on the subject project, which represents a dollar amount of \$ \_\_\_\_\_

The contractor is required, should there be a change in the originally named SC or SCMBE, to submit documentation to the initiating unit to substantiate and justify the change, (i.e. documentation to provide a basis for the change for review and approval by CONNDOT officials) prior to the implementation of the change. The contractor must demonstrate that the originally named SC or SCMBE is unable to perform in conformity to specifications, unwilling to perform, is in default of its agreement, is overextended on other jobs, etc.

Please submit a copy of the SC's or SCMBE's Certificate of Eligibility from the Department of Administrative Services with your completed form.

We, the below signed, do hereby certify and concur with the above stated conditions.

Further, the SC or SCMBE consultant by signing below, is certifying that for the current state fiscal year the SC's or SCMBE's volume of contracts and/or subcontracts awarded have not exceeded \$10,000,000.

#### PRIME CONSULTANT:

Name: \_\_\_\_\_  
signature

Date: \_\_\_\_\_ Name typed: \_\_\_\_\_

Title: \_\_\_\_\_

#### SC or SCMBE:

Name: \_\_\_\_\_  
signature

Date: \_\_\_\_\_ Name typed: \_\_\_\_\_

Title: \_\_\_\_\_